



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, Secretary of State



June 3, 2025

DYOUVILLE SENIOR CARE INC.
C/O JERRY FRECHETTE
523 SOUTH RD
SOUTH KINGSTOWN, RI 02879

RE: Entity ID # 001789678
DYOUVILLE SENIOR CARE INC

Dear Sir or Madam:

The Division of Business Services of the Office of the Secretary of State has determined that there has been a misrepresentation made in the Articles of Incorporation filed in this office on May 1, 2025. This office has received the enclosed affidavit from the individual named on the Articles of Incorporation as registered agent and listed as the incorporator/executor of the document stating that he has no knowledge of this entity.

Pursuant to the provisions set forth in Section 7-1.2-501 of the General Laws of the State of Rhode Island, the Articles of Incorporation of the above-named entity will be revoked after 60 days from the date of this notice for failure to file a Certificate of Correction to the Articles of Incorporation.

Please file your Certificate of Correction with the Division of Business Services, 148 West River St. Providence, RI 02904 within the next sixty days so that your authority to conduct business will remain intact. If you have any questions, or if we can be of any assistance, please do not hesitate to call the Division of Business Services at (401) 222-3040.

Sincerely,

Gregg M. Amore
Secretary of State



State of Rhode Island
Department of State - Business Services Division

REC'D R.I. SOS
25 MAY 29 PM 2:19 PM

Affidavit of Unauthorized Formation

→ No Filing Fee

This affidavit is to be used to report the unauthorized formation of an entity with the RI Department of State Business Services Division.



I. COMPLAINANT'S INFORMATION									
1. Name - First Arthur	Middle Initial (optional)	Last Frechette							
2. Street Address 80 Fisher Road Unit 16	City/Town Cumberland	State RI	Zip Code 02864						
II. STATEMENT									
3. I know or suspect that someone used my identity to file formation documents to establish a: <table border="0"><tr><td><input checked="" type="checkbox"/> - Business Corporation RIGL 7-1.2</td><td><input type="checkbox"/> - Limited Liability Company RIGL 7-16</td></tr><tr><td><input type="checkbox"/> - Non-Profit Corporation RIGL 7-6</td><td><input type="checkbox"/> - Limited Partnership RIGL 7-13.1</td></tr><tr><td><input type="checkbox"/> - Limited Liability Partnership RIGL 7-12.1</td><td></td></tr></table>				<input checked="" type="checkbox"/> - Business Corporation RIGL 7-1.2	<input type="checkbox"/> - Limited Liability Company RIGL 7-16	<input type="checkbox"/> - Non-Profit Corporation RIGL 7-6	<input type="checkbox"/> - Limited Partnership RIGL 7-13.1	<input type="checkbox"/> - Limited Liability Partnership RIGL 7-12.1	
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<input type="checkbox"/> - Limited Liability Partnership RIGL 7-12.1									
Entity ID Number: 202572206420	The name of the entity is: DYOUVILLE SENIOR CARE INC								
4. I did not submit the formation documents for this entity, nor did I give permission for this entity to be filed with the RI Department of State Business Services Division.									
5. I have taken the following steps to report this unauthorized activity: <table border="0"><tr><td><input type="checkbox"/> I have reported the unauthorized formation to the US Federal Trade Commission.</td></tr><tr><td><input checked="" type="checkbox"/> I have filed a police report with the <u>Cumberland Police Dep</u> police department. The police report number is <u>25-946-OF</u></td></tr><tr><td><input type="checkbox"/> Other: <div style="border: 1px solid black; height: 40px; width: 100%;"></div></td></tr></table>				<input type="checkbox"/> I have reported the unauthorized formation to the US Federal Trade Commission.	<input checked="" type="checkbox"/> I have filed a police report with the <u>Cumberland Police Dep</u> police department. The police report number is <u>25-946-OF</u>	<input type="checkbox"/> Other: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>			
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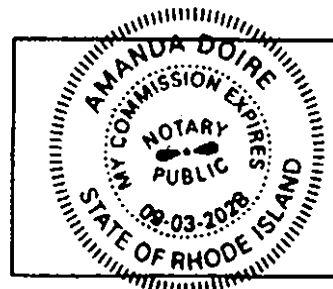
MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov



State of Rhode Island
Department of State - Business Services Division

III. CERTIFICATION		
I, <u>Arthur Frechette</u> , (complainant's name) declare and affirm that I have examined this Affidavit of Unauthorized Formation and all statements contained herein are true and correct.		
Type or Print Name of Complainant	<u>Arthur Frechette</u>	Date <u>May 28, 2025</u>
Signature of Complainant 		
Notary		
State: <u>Rhode Island</u>	County: <u>Providence</u>	
Subscribed and sworn to (or affirmed) before me on this <u>28</u> day of <u>May</u> , 20 <u>25</u> , by <u>Arthur Frechette</u> (name of complainant), who proved to me through satisfactory evidence of identification to be the person who appeared before me.		
Type or Print Name of Notary Public	Commission ID #	Commission Expiration
<u>Amanda Doire</u>	<u>772480</u>	<u>9-3-2028</u>
Signature of Notary Public 		



If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email notaries@sos.ri.gov.